See Instructions on back of ge 6.

17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Signature

Signature

Signature

Day 18. Transporter 2 Acknowledgement of Receipt of Materials Day Month Year

Printed/Typed Name 19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

DO NOT WRITE BELOW THIS LINE.

EMERGENCY

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CASE

F A C Z

Printed/Typed Name

Printed/Typed Name

JOHN MARASCO

State of California-Environmental Protection Agency

Form Approved OMB No. 2050-0039 (Expires 9-30-96)

Month

Day

Day

Year

Year

Department of Toxic Substances Control